

Vaccines and Immunity - December 2020

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INTRODUCTION

The conversation regarding vaccination has reached the point where the average person can't tell the shills and brainwashed NPC idiots from those that are educated (both formally or through informal journal research) when it comes to vaccines and immunity. The purpose of this course is to teach you the science of vaccines from a fact and evidence-based perspective, broken down to Barney the dinosaur levels of reading comprehension. Everything presented below is 100% verifiably true, and anyone that argues otherwise is either willfully ignorant, woefully misinformed, or has a malicious agenda ... and unfortunately, most medically trained individuals--be they nurses, physicians, or researchers--fall into the first two categories.

Apparently there are enough free-thinking individuals on the internet that the paid shilling has grown increasingly intense of late. This version of my copy-pasta will additionally deal with many of the shill talking points currently being used here and elsewhere.

PART 1: How your immune system works, for dummies

Humans have two prongs of immunity: the innate and adaptive immune systems. We won't be discussing the innate system because it doesn't apply to vaccination; it

is non-specific, and has no immunological memory. The adaptive immune system is specific and has a memory, and that is the system we will be focusing on.

[This pubmed article](#) is a non-Barney-style academic explanation of the following: The adaptive immune system breaks down into two primary mechanisms of response: type 1 (Th1) and type 2 (Th2) immunity.

Type 1 (Th1) immunity primarily involves phagocytic activity by killer T cells (CO8) which directly attack foreign, infected, or mutated (such as cancer) cells. Other immune cells in the Th1 system exert cytolytic mechanisms to destroy infected or mutated cells. T cell activation is tightly controlled and generally requires a very strong antigen activation signal, almost exclusively due to an acute infection. This is generally known as "cell-mediated" immunity, and through its activation it also produces a simultaneous humoral response through helper T cells (Th2 immunity). This process is both non-specific in that it will attack anything not flagged as "self", and specific in that it will encourage the humoral system to mount a large scale precision response to whatever has pissed it off. This creates an exponentially-growing positive feedback loop that can create a massive immune response very quickly, and creates both memory B and T cells.

Type 2 (Th2) immunity primarily involves humoral immunity, and is the standard immune response to mild antigen activation signals. This is regulated by helper T cells (CD4) and B cells (antibody generators). Outside of the presence of an antigen that the B cell has been taught to make antibodies for by T cells, new memory B cells will not be created, and during a Th2 response ONLY memory B cells will be created. Eventually, these cell lines will be reprogrammed or die off, explaining why humoral immunity fades over time, while cell-mediated immunity is generally life-long.

From the abstract linked above: "Th1 cells also stimulate moderate levels of antibody production, whereas Th2 cells actively suppress phagocytosis. For most infections, save those caused by large eukaryotic pathogens, type 1 immunity is protective, whereas type 2 responses assist with the resolution of cell-mediated inflammation." In other words, in a primary Th2 response, the Th1 pathway is suppressed.

What does this mean? The more the immune system is trained to mount Th2 responses to infectious agents, the less capable the immune system is of mounting Th1 responses. Why is this important? The literature is packed with peer-reviewed research that conclusively proves that infection with childhood illnesses reduces cancer risks later in life. Why? The immune system is being actively trained to have strong Th1 responses to anything that looks weird.

Failure to contract childhood illnesses leaves the body less equipped to deal with weird stuff, and thus cancer is more likely to take root.

"Riddle me this: how is your natural immunity different from a vaccine-induced one? It's not a magic skintight shield that prevents you from having the germ on your hands. Wouldn't vaccination cause this same response?"

NO. NEVER. This is why understanding the immune system is critical to understanding the vaccine debate: vaccines can ONLY cause a Th2 response. The point of vaccines is to generate antibody-producing memory B cells, so the next time the immune system is presented with the antigen from the vaccine, antibodies can be produced. It is ABSOLUTELY CRITICAL to understand that this in no way protects the body in the same way as immunity generated by an acute, natural infection, and in no way prevents an acute infection from the source of the antigens if the humoral immune system gets overwhelmed. Should this happen, the vaccinated individual is less-equipped to handle the infection than an individual that is totally naive to the infectious agent, as Th1 immunity has been actively stunted and suppressed. Furthermore, even if the humoral (Th2) response is sufficient to stymie acute infection from a programmed antigen, the immune system of vaccinated individuals will be less able to mount an effective response to ANY infection that the body has not been programmed in the relatively recent past to recognize.

I want to emphasize this point by highlighting what the medical industry defines an "effective" vaccine: if proper antibodies are created--in many cases however low the number might be--the vaccine is considered "effective". This is the definition of a Th2 response. No study has ever demonstrated that any vaccine is capable of generating a Th1 response. Ever. This includes live attenuated virus vaccines, mind you. The creators of the vaccines aren't complete idiots: they know what they'd find, so they have to define effectiveness in a manner that is achievable because their only alternative is to give people the acute version of the illness they are trying to prevent, completely defeating the stated purpose of the vaccine. The fallacy being deployed in vaccination is that all forms of immune response are equally capable of suppressing an infection, equating an antibody response to an antibody AND cell-mediated response. Does it make sense that only harnessing a portion of your immune system would be as "effective" as harnessing every resource at its disposal?

Want proof of this mechanism?

[Annual Vaccination against Influenza Virus Hampers Development of Virus-Specific CD8+ T Cell Immunity in Children:](#)

"Annual Vaccination against Influenza Virus Hampers Development of Virus-Specific CD8+ T Cell Immunity in Children"

"In the present study, we compared influenza A virus-specific cellular and humoral responses of unvaccinated healthy control children with those of children with cystic fibrosis (CF) who were vaccinated annually. Similar virus-specific CD4+ T cell and antibody responses were observed, while an age-dependent increase of the virus-specific CD8+ T cell response that was absent in vaccinated CF children was observed in unvaccinated healthy control children. Our results indicate that annual influenza vaccination is effective against seasonal influenza but hampers the development of virus-specific CD8+ T cell responses."

As I said: artificially inducing a Th2 response cripples your ability to mount a Th1 response. While--"Infection with seasonal influenza A viruses induces immunity to potentially pandemic influenza A viruses of other subtypes (heterosubtypic immunity)"--inducing immunity through vaccination means that you're OUT OF LUCK unless you're dealing with the exact version your immune system was specifically taught to recognize.

Want a specific example?

Seasonal influenza vaccine and increased risk of pandemic A/H1N1-related illness:

"Seasonal influenza vaccine and increased risk of pandemic A/H1N1-related illness: first detection of the association in British Columbia, Canada"

"Fully adjusted ORs for 2008-2009 TIV [trivalent inactivated influenza vaccine] effect on ILI were 2.45 [translation: 2.45 times more likely to be infected] (95% confidence interval, 1.34-4.48) by logistic regression and 2.68 (95% confidence interval, 1.37-5.25) by generalized-linear-mixed model"

Vaccination DOES NOT strengthen the immune system: it directly and measurably weakens it. No other conclusion can be reached based on nothing more than what you would learn in a 200-level A&P or microbiology course, if you take a moment to consider the implications of what you're learning rather than memorizing terms for the next exam and purging the information afterwards. More advanced courses reinforce this lesson with a more detailed understanding of why this occurs, though questioning the functionality of vaccines in advanced courses is verboten. While I've had that education, it is utterly unnecessary in order to have a better understanding of the vaccine debate.

"Make your kids get the important early childhood vaccines. There's a reason why humans live longer now on average than we did before major medical advancements. You're just giving your body a chance to build an antibody army against potential viruses. Not getting vaccines is like going into war without any weapons. Don't listen to any of these psychopaths that tell you otherwise."

No, getting vaccinated is like keeping your entire army at home on shore leave and dropping land mines (antibodies) all over the entire combat theater hoping the problem resolves itself. Not only can your army (Th1) not operate in the area anymore, but the mines (Th2) can expire or a crafty enemy can sneak through the minefield to savagely attack you if they reach the other side. What do you think would happen if there was no military presence on the southern side of the Korean DMZ? Would you want to be living in Seoul?

"Hey, that sounds like so much baloney! There is no proof of this!"

Yes there is, and not only what was spoon-fed to you above! The best example of this is the flu vaccine, which even the most strident pro-vaccination shills recognize problems with. From the literature:

Effectiveness of trivalent inactivated influenza vaccine in influenza-related hospitalization in children:

"Children who were vaccinated against influenza were 3 times more likely to be hospitalized for influenza-related complications than children who did not receive an influenza vaccine (OR = 3.67)."

Increased risk of noninfluenza respiratory virus infections associated with receipt of inactivated influenza vaccine:

"Children who received the influenza vaccine were 4 times more likely than children who received a placebo to develop acute respiratory illness from non-influenza respiratory virus infection (RR = 4.40). Influenza vaccine recipients were significantly more likely than placebo recipients to develop non-influenza respiratory infections from rhinoviruses, coxsackieviruses, and echoviruses (RR = 3.46)."

Influenza vaccine effectiveness in the community and the household:

"The current season's influenza vaccine will not work in people who also received the previous season's influenza vaccine. People who were vaccinated 2 years in a row were not protected against influenza. In fact, vaccine effectiveness was 'negative 45%'."

Yearly influenza vaccinations: a double-edged sword?:

"Annual vaccination against common strains of influenza reduces protective immunity against more dangerous strains of the disease. Annual vaccinations of young children against common influenza strains prevents them from acquiring more comprehensive immunity, leaving them unprotected against dangerous pandemic strains."

Vaccination against human influenza A/H3N2 virus prevents the induction of heterosubtypic immunity against lethal infection with avian influenza A/H5N1 virus:

"Mice that were infected with a seasonal influenza virus survived exposure to a lethal influenza strain; vaccinated mice died."

Febrile infections and malignant melanoma: results of a case-control study:

"Adults with previous infections of influenza, measles, mumps, or chickenpox are less likely to develop malignant melanoma. Adults were significantly protected against malignant melanoma if they contracted influenza during the previous 5-year period (OR = 0.32)."

There are hundreds of peer-reviewed scientific journal articles that could be included in this list, and these are being provided just to demonstrate the point. Not only does vaccination NOT produce the same strength of immunity as acute, natural infection, and not only does vaccination NOT provide the same duration of immunity as acute, natural infection, but vaccination can demonstrably weaken the immune system against the very antigen-producing agents that they are supposed to protect against. That is the truth, as the scientific evidence overwhelmingly demonstrates. In fact, the evidence is so overwhelming, that there has never been a study that has demonstrated in any way, shape, or form that artificially-induced active immunity is as effective as naturally-induced active immunity. The fact that these two categories of immunity are distinctly demarcated in every biology textbook that touches on the immune system should raise massive red-flags in the minds of people that want to pretend that the two are equivalent: if they were, there would be no reason to differentiate between the two.

Summary: vaccines ARE NOT effective.

A note, for the sake of complete transparency: for whatever reason, the rubella attenuated live virus vaccine (either solo or in MMR) gives true lifetime immunity. Nobody knows why. No other vaccine is "effective" for longer than 12 years, with many such as meningitis and HepA lasting less than 2. There is a reason why most nursing and medical school cohorts who have previously been vaccinated for HepB discover, to their surprise, that the majority of their titers come back showing them as unvaccinated and have to rush to start the series (again) in order to begin their education. Very few of them ever question why that is. This should also make parents question why their newborn needs a HepB vaccine on the day they are born: is that child likely to contract a disease that has the same exact transmission method as HIV in their first 10-12 years of life? Do you really expect they'll be having sex with prostitutes and sharing heroin needles at day care?

PART 2: The risks posed by vaccination

Infants are born with extremely undeveloped immune systems. Infants are not able to mount more than the feeblest response to glycoprotein-based antigens until 6-9 months after birth, and are not able to mount a strong defense to glycoprotein-based antigens until after 24 months. Effectively, until a child is at least 12 months of age, their immune system is ineffective and they depend on antibodies that crossed the placenta during pregnancy or those found in breast milk in order to defend against infection. During this period of development, the immune system is particularly vulnerable to upregulation of the Th2 system and downregulation of the Th1 system, as this is the time period when T cells are initially programmed in the thymus. Interference with normal development, or the hijacking of the "infection" process can cause T cells to become improperly programmed, making infants and toddlers particularly vulnerable to developing allergies or autoimmune conditions.

"If you will have a baby, don't hesitate to give him a flu vaccine. Otherwise, his flu could become worse and he can get asthma and stuff. Get him vaccinated with every obligatory vaccine. They're safe, don't worry."

Everything about this argument is WRONG. That vaccines cause autoimmune conditions is without question. Read any vaccine insert (all available at [the fda.gov site](https://www.fda.gov)) and they list the numerous autoimmune conditions caused by that particular vaccine during initial licensing trials. There is not one vaccine on the market that does not share this "feature". There are entire medical textbooks on this issue, such as [Vaccines and Autoimmunity](#). This is called Autoimmune Syndrome Induced by Adjuvants, or ASIA. Do a Google Scholar search for that term and hundreds of peer-reviewed studies are available for your perusal. No peer-reviewed study exists that refutes the vaccine/autoimmunity connection.

Adjuvants are agents used in non-cellular vaccines to selectively piss off the immune system in the region of the vaccine injection, and are often bonded to the antigen that the immune system is supposed to target. This causes two major effects: first, it increases inflammation at the site, drawing more leukocytes to the area of injection and increasing the odds of an immune response, and secondly, it kills cells in the injection area releasing cytokines that further attract leukocytes. THE ENTIRE POINT OF ADJUVANTS IS THAT THEY MUST NECESSARILY BE TOXIC IN ORDER TO FUNCTION.

Where things go wrong is how the "infection" doesn't become acute, thus preventing a Th1 response, and that macrophages drawn to the cellular bloodbath can accidentally present non-targeted antigens to T cells, causing both allergies to any vaccine additive or food antigen that happened to slip into the bloodstream

causing autoimmune responses. Why is there a sudden exponential rise in the number of peanut, egg, soy, and other food products? Peanut oil is in the vitamin K shot given alongside the HepB vaccine at birth. Many antigens are grown in eggs. Soybean oil is a common vaccine carrier. It's not the disease antigens that cause potential anaphylactic reactions in people: it's all the other shit mixed into the vaccines by design.

Another cause of vaccine damage is response to vaccine ingredients themselves. DNA fragments in the vaccines can cause cells to mutate or malfunction, potentially becoming cancerous. Preservative agents in vaccines (being preservative agents because they are toxic to anything growing in the vaccine) can directly damage the patient's cells, and often selectively target the nervous system. This topic alone is so well-documented in the medical and scientific literature that it is beyond the scope of this course: for more information, do a Google Scholar search of anything aluminum-related by [Dr. Shaw](#) or [Dr. Exley](#).

"Your kidneys clear aluminum. It doesn't really bioaccumulate. The issue is an acute elevation of aluminum breaching the blood-brain barrier."

This is the CDC party line, and a common shell talking point. This is mostly true for ionic aluminum that is absorbed in minute quantities (<0.4%) from dietary sources. In contrast, aluminum in vaccines is in nanoparticulate form, and by virtue of the fact that it's injected into your tissue and your intracellular fluid is exposed to it directly, it is not only 100% absorbed, but it can't pass through the glomeruli in your kidneys for excretion. The ONE study designed to prove aluminum is "safe" (and what is cited by the CDC) failed in two regards: first, it used dietary aluminum, and secondly, it only measured serum aluminum levels (i.e. no aluminum in the blood means there's no aluminum in the body). THIS IS NOT GOOD SCIENCE. Studies by Drs. Shaw and Exley (among dozens of others) have proven that particulate aluminum collects in the organ tissue, and in particular, in the brain. Given that aluminum is a known neurotoxin, it shouldn't be surprising that this "feature" causes brain damage.

Summary: Without a doubt, vaccines are not safe. Vaccines can and do cause autoimmune diseases, allergies, and death.

[A population-based cohort study of undervaccination in 8 managed care organizations across the United States:](#)

"Children who were under-vaccinated due to parental choice had significantly lower rates of emergency department visits."

[Relative trends in hospitalizations and mortality among infants by the number of vaccine doses and age, based on the Vaccine Adverse Event Reporting System \(VAERS\), 1990-2010:](#)

"Infants who received several vaccines concurrently were the most likely to be hospitalized or die. This trend was more pronounced the younger the age of the child."

Clustering of cases of type 1 diabetes mellitus occurring 2-4 years after vaccination is consistent with clustering after infections and progression to type 1 diabetes mellitus in autoantibody positive individuals:

"The current findings indicate that there are clusters of cases of type 1 diabetes mellitus occurring 2-4 years post-immunization with the pertussis, MMR, and BCG (tuberculosis) vaccines."

Infant mortality rates regressed against number of vaccine doses routinely given:

"This study analyzed the vaccination schedules of 34 developed nations and found that nations requiring the most vaccines tend to have the worst infant mortality rates."

Immune thrombocytopaenic purpura: an autoimmune cross-link between infections and vaccines:

"Immune thrombocytopenic purpura is an autoimmune disease that causes internal bleeding and can be life threatening. ITP is 5 times more likely to occur after MMR vaccination (IRR = 5.48). Children were twice as likely to have convulsions 6 to 11 days after MMR (RI = 2.07) and 7 times more likely to develop ITP 6 weeks after MMR (RI = 6.91) compared to the period prior to MMR."

Vaccination and Allergic Disease: A Birth Cohort Study:

"Pertussis-vaccinated children were 14 times more likely than unvaccinated children to be diagnosed with asthma (HR = 14) and 9 times more likely to be diagnosed with eczema (HR = 9.4)."

"You have no idea what your talking about. Please tell me what exactly these chemicals will do to the child. Explain the mechanisms."

Are there negative CNS impacts of aluminum adjuvants used in vaccines and immunotherapy?:

"Aluminum has been demonstrated to impact the central nervous system at every level, including by changing gene expression. These outcomes should raise concerns about the increasing use of aluminum salts as vaccine adjuvants.' Aluminum-adjuvant vaccines can cause macrophagic myofasciitis. Clinical symptoms include myalgia, arthralgia, chronic fatigue, autoimmunity, and cognitive dysfunction."

Aluminum hydroxide injections lead to motor deficits and motor neuron degeneration:

"Aluminum-injected mice showed significant deficits in memory and motor functions. They also had pathological abnormalities characteristic of neurological diseases such as Alzheimer's and dementia."

"You see, vaccination is just a method to protect you from diseases. Sure, there might be some side effects for a short time, but it is worth it to prevent your children from getting a disease. There are no negative effects to getting vaccinated, so why shouldn't you do it?"

Shills repeating idiocy ad-nauseum doesn't make it true. You might as well say "Diabetes, asthma, eczema, allergies, and BRAIN DAMAGE aren't negative effects, they're value-added bonus features!"

PART 3: Muh herd immunity

"Vaccinate your kids. Herd immunity will work for YOU, but its very easy for you to carry a virus, pass it on to your child, and they will die if there not immunized as an infant. Also, what about the boomers and heckin' cancer kiderinos?"

Anybody that cites herd immunity as a reason for vaccination is an imbecile. Full stop. Read [THE CORRECTED AVERAGE ATTACK RATE FROM MEASLES AMONG CITY CHILDREN](#).

Consider that back when the concept of herd immunity was born, it referred to naturally acquired immunity: lifetime immunity conferred by contracting and overcoming a disease. This is a "real thing", but the question is whether or not it could be achieved today through artificial immunity. When you read the above, an uncritical interpretation would think that only 55% of the population being protected would confer this benefit, but what this fails to consider is that of the population over the age of 15, nearly everyone was immune by virtue of past infection. When examined from that perspective, if 25% of the population was under the age of 15, the threshold for herd immunity among the entire population was actually 88-89% immunity. Due to how artificial immunity wanes over time, this can never be achievable through childhood vaccination efforts.

Today, by the time an individual is old enough to drink, there is a good likelihood that their vaccine-derived immunity to measles (for example) has waned. By the time they reach 30, very few people will have any protection at all.

Assuming the government mandated 100% vaccination of our children, since adults aren't given any form of booster (and indeed, each additional booster of a particular vaccine confers less immune response than prior doses), we could never reach more than a 30-40% immunity rate, and that's assuming that vaccines are 100% effective! Even the CDC openly admits this isn't the case, yet the immense and obvious gulf between what they tout as "herd immunity" and what was previously demonstrated is ignored in favor of propaganda in support of mandatory vaccination. As the baby boomer generation dies off, the last vestiges of our population's natural immunity will die with it: this problem will only grow more pronounced with time.

"Having an unvaxxed baby in close proximity to an unvaxxed adult is dangerous"

Statistically, that would be you. This also ignores that the most dangerous childhood infection is pertussis in children under six months of age, and that the pertussis vaccine has been repeatedly proven to turn those vaccinated into (at best) asymptomatic carriers who can carry the infection an unlimited number of times. That vaccinated pediatrician you take your infant to may very well be the single greatest threat to your child's life if any one of their patients in the past month had either an acute or asymptomatic pertussis infection.

"Baloney!"

Oh? Like the tetanus vaccine, the pertussis vaccine only targets the toxin created by that organism. If your body isn't aggrieved by the toxin, there is no reason for your immune system to go after what becomes in effect a benign infection (i.e. doesn't cause inflammation or cytokine release due to cellular damage).

Asymptomatic transmission and the resurgence of *Bordetella pertussis*:

"Authors of this paper examined epidemiological and genetic data on pertussis, then constructed mathematical models of *B. pertussis* transmission to understand the public health consequences of asymptomatic spread of the disease. As acellular pertussis vaccination rates rise, asymptomatic infections increase nearly 30-fold."

Acellular pertussis vaccines protect against disease but fail to prevent infection and transmission in a nonhuman primate model:

"Baboons vaccinated against pertussis became carriers and spread the disease."

It should be noted in these "unprecedented times" that the Covid-19 vaccine shares this "feature": at best, it reduces symptoms once you're infected. It does not prevent infection or transmission of the coof. I won't even touch on antibody-dependent enhancement, the potential for female sterilization due to developing

antibodies to syncytin-1, or any of the other problems surrounding the Covid-19 vaccine ... nobody really knows how bad things are going to get once mass-vaccination is implemented, but for myself, I'd rather take my chances than take that jab. The single most frightening aspect of the new mRNA vaccines being rolled out for Covid-19 is that they will be using your own cells to generate antigens. It is well within the scope of probability that the remains of these infected cells, once terminated by the body's apoptosis mechanisms, will dramatically increase the odds of autoimmune responses occurring. As autoimmune conditions related to vaccination often manifest years after immunization, we have precisely zero data outside of the few immediate autoimmune reactions reported in the current studies to measure the scale of what will be caused by mRNA vaccines.

Clustering of Cases of IDDM 2 to 4 Years after Hepatitis B Immunization is Consistent with Clustering after Infections and Progression to IDDM in Autoantibody Positive Individuals:

"In New Zealand, type 1 diabetes in children rose by 48% after a hepatitis B vaccination program was initiated. In Italy, hepatitis B-vaccinated children developed type 1 diabetes at a significantly higher rate than non-vaccinated children (RR = 1.40). In France, type 1 diabetes in children rose by 61% after a hepatitis B vaccination program was initiated. There is a 2-4 year delay between hepatitis B vaccination and a rise in type 1 diabetes, which is consistent with a causal relationship."

But don't worry, the mandates aren't here yet. At least, they aren't here yet everywhere.

Major CEOs signal Covid vaccine mandates could be on the way:

"Seventy-two percent of current and recent CEOs of major companies signaled an openness to vaccine mandates, according to a poll held Tuesday at a virtual summit by the Yale Chief Executive Leadership Institute."

"'Employers have the right to set workplace health and safety conditions,' said Dorit Reiss, a law professor at the University of California, Hastings."

Prepare yourself and enjoy your value-added ALS, pleb. If you are forced to get vaccinated, I would highly recommend avoiding the mRNA vaccines in favor of either a live attenuated version (such as the one being developed by Oxford) or one that uses a standard protein antigen model such as the one being developed by Novavax that is currently being tested in the UK. This still opens the door to antibody-dependent enhancement issues that could kill you, but theoretically you'll be less likely to develop an autoimmune condition if that potentiality doesn't play out. I'm sorry that a better option doesn't exist.

As a final thought, consider that as of December 2020 the WHO has redefined "herd immunity" to include only those who have developed "immunity" through vaccination, removing language on their website that acknowledged "immunity developed through previous infection". The reason for that was that even pro-vax medical professionals recognized the value of natural immunity, and countries such as Japan and Sweden left their countries open with advice that older, more vulnerable people stayed at home so the younger, less vulnerable people could develop natural immunity to the coof. While Japan had wild success with this strategy, it is embarrassing to an organization that wants to pump you full of vaccines that have a shockingly low "effectiveness" period (most acknowledge that it will become a yearly series) FOREVER. Like many other politicized topics, if reason, logic, and reality might gain a toehold, the language must be corrected to prevent the possibility of wrongthink.

Summary: herd immunity can never be achieved through vaccination.

PART 4: Vaccines are more dangerous than the diseases

Go back to part 1 and reread it. Then do it again. For statistical analyses of the risks of diseases (in the US) when compared to the risks of vaccination, using numbers provided by the NIH, CDC, WHO, FDA, and VAERS, go to <http://raisinghealthychildren.net> and browse each individual disease in the vaccination section. There is not one case in which any single disease is more risky than the vaccine preventing it when considering children born in the USA, with the exception of the hepatitis B vaccine in babies born to HepB+ mothers. Not one. While this contradicts the propagandistic fear-mongering of the media and CDC, math doesn't lie.

"There's a reason why humans live longer now on average than we did before major medical advancements. The truth is that you're dumb if you don't vaccinate little kids against diseases that were (until recently because of these anti-vaxxers) eradicated. When your baby gets polio and dies, you'll wish you got them vaxxed."

Whenever a shill mentions polio, they're doing nothing but fear-mongering. Unpaid shills use this talking point out of sheer ignorance. Here is the truth:

"Iron lungs"

Read about the Cutter Incident: the propaganda photos you've seen of iron lungs were caused by a faulty batch of polio vaccine which caused the vast majority of historical bulbar poliomyelitis cases. Vaccines CAUSED the need for iron lungs.

"It'll come back"

No it won't. Polio is transmitted by the oral-fecal route. Basic sanitation will protect you. Today, the only areas of the world that still have polio do not have modern sanitation and sewage treatment. In the developed world, polio has been eradicated, and every single case in the last few decades was caused by the vaccine itself.

"I hope your baby dies from polio"

The vast majority of people that get polio don't even realize they have it. The vast majority of the rest have a bit of mild diarrhea. Only a fraction of a percent suffer any form of short-term paralysis, and only a fraction of those get long-term paralysis. That said, in the developed world, your odds of contracting polio are literally 0%. If you voluntarily travel to the Philippines and swim in raw sewage, that's on you.

"Polio was eradicated by vaccines proving vaccines work"

No, it wasn't. Ask any boomers you know about getting vaccinated for polio. Less than 10% of the US population was ever vaccinated for it when it was "epidemic". Polio was eradicated by increased sanitation and redefinition (previous to the vaccine, polio was defined as any condition that resulted in any form of paralysis that lasted longer than 24 hours; afterwards, it referred only to cases related to the poliovirus ... this definition change alone eliminated the vast majority of "polio" cases worldwide).

"Anti-vaxxers give diseases a petri dish to mutate rendering my vaccines ineffective! They should be forcibly vaccinated!"

This is the opposite of reality. Consider natural selection: selective pressure is what causes diseases to mutate. Unless TOTAL herd immunity is achieved (which I've demonstrated can never occur in a vaccinated population), and all reservoirs of the disease are eradicated (in the case of Covid this includes all bats, weasels, and cats, to name a few critters), you can never eliminate the disease entirely. Do you know how many diseases on our current vaccination schedule don't have non-human reservoirs? None. In a largely vaccinated population, this leaves the pathogen with hosts that are selectively immune, or can repeatedly carry the pathogen without a full immune response.

In order for that population to become potential reservoirs, there is selective pressure on the pathogen to mutate: only those variations that can bypass the vaccine's effects are selected for. This is exactly what happened with pertussis, evolving into parapertussis after the advent of vaccination. Anti-vaxxers didn't do that, the misguided pharma industry did it. Half of all measles infections in the US

are now mutated vaccine-type measles viruses. Anti-vaxxers didn't do that: pediatricians did that. Just wait until one of these mutations becomes highly virulent and tears through the vaccinated population ... it'll be those who weren't vaccinated that will have the strongest defense. Our current vaccination policies are setting us up for disaster.

"Muh smallpox!"

Now you're talking about something truly deadly. This is what vaccines should be used for, not chickenpox. Vaccines should be used sparingly and judiciously based upon true danger, recognizing their risks and problems. If smallpox was released, I would support CLASSICAL vaccination if quarantine measures become ineffective because the risks would likely be outweighed by the rewards. Today, there are almost no diseases or use cases in our vaccine schedules where this is true. Apples and oranges.

PART 5: Other shill stupidity

"Nobody makes money on vaccines because vaccines are free!"

Next time you get your "free" vaccine at Walgreens, look at the receipt. That "free" quadrivalent flu vaccine cost your insurance company \$175, about \$100 of which is pure profit for the pharmacy. Why are they bribing you with coupons and gift cards? They can afford it! Pediatricians make profit the same way, but are also compensated by insurance companies per child that is fully vaccinated according to the CDC schedule. The insurance companies in turn get kickbacks from the vaccine manufacturers for having a certain percentage of their clientele vaccinated. As for the manufacturers, it costs less than a dollar to manufacture a vaccine that they can make a 5000% profit on, and the government pushes their sales making advertising unnecessary. They've also got the news media on their side, since >50% of advertising revenue on cable news comes from the pharmaceutical industry. Pharma is one of the top 5 lobby groups by cash outlay in the US, meaning that even your elected officials are bought and paid for.

"But if I'm wrong, you should have no problem finding a trial lawyer to sue. A class action for people being dosed with several hundred times the "safe" dose should be a slam dunk."

The National Childhood Vaccine Injury Act of 1986 eliminated the financial liability of vaccine manufacturers due to vaccine injury claims. You can't sue the manufacturers, the doctors, the nurses, or anyone else if your child gets killed, maimed, or otherwise injured by a vaccine. Instead, you have a very limited time to go to a special tort-reformed vaccine court and sue the government (who uses your

tax dollars to defend the vaccine industry), paying for legal representation with money you probably don't have, and prove beyond all reasonable doubt that your child's injury was caused by the vaccine ... and this is only assuming that whatever happened to your child was described in the initial approval testing of the vaccine, which probably used a small cohort of test subjects and was monitored for about a week post-administration. Even if you succeed in your suit, and even if your child died as a result of the vaccine, the maximum award is capped at \$250K, scaling rapidly down from there. With all of these roadblocks, the government has still paid out over \$4.2 billion since the 1990s due to vaccine injuries.

"Vaccines are the most tested drug ever and are proven safe!"

Wrong on all scores. Vaccines are not classified as drugs (they are "biological agents"), and as such are not held to the same standard of safety testing as any other drug. No vaccine ever administered to humans has ever been subjected to a double-blind inert placebo study. Read that again. Instead of years of safety testing, individuals that are carefully screened for perfect health are given either the vaccine being tested or a combination of other vaccines or adjuvants (the "placebo" group) and monitored for 4-14 days. If the test shows that one poison doesn't do significantly more damage than the other, the vaccine is approved. It should be noted that in these trials, it is a rare vaccine that doesn't result in >10% of the test group having severe adverse events, but if it only injured 10% of perfectly healthy people, lets give it to our newborns, right?

Consider that the current Covid-19 vaccines have monitored the test subjects for as long as two months. That's not a rush job: in comparison to previous vaccines, that's an unprecedentedly LONG pre-approval monitoring period.

"Kids used to die due to what we vaccinate for"

Not many, and not in the recent history of the western world. Look at what's killing kids today in the third world, and you'll find that "vaccine-preventable diseases" account for only a tiny fraction of child mortality. Most kids die from diarrhea (poor sanitation) or malnutrition. The diseases killing children are things like tuberculosis, typhoid, cholera, and malaria, not chickenpox or measles ... unless you're a chronically malnourished kid living in Madagascar. Are yours?

You probably live in civilization, not in a third-world country. US Figures: There have been no domestic cases of rubella in decades. There have been no cases of diphtheria. Multiple times more people die from tetanus shots than tetanus itself (and most of those were fully vaccinated according to the CDC). There haven't been any cases of polio since the 70s. There have been no deaths from mumps or measles in decades except for one person who was completely immunocompromised.

"The flu is deadly!"

No it's not. NO IT'S NOT. The CDC figure of tens of thousands of flu deaths are reporting the number of people that died while suffering from suspected flu infection or had any other respiratory illness at the time of death regardless of whether that illness or condition was the cause of death, and regardless of whether or not that illness was actually the flu. When you actually examine the statistic, usually only 1-200 people out of that statistic per year are confirmed to have influenza, and of these there is no data that lists whether it was the actual cause of death. According to a [Cochrane Review analysis of flu vaccine effectiveness](#), it would take about 71 doses of the vaccine to prevent one person from becoming infected. Manufacturers are now making "high-dose" flu vaccines for children and the elderly because they are being repeatedly proven to be ineffective even against the targeted flu strains, and even these are failing: current recommendations in my state are for children to receive two "high-dose" flu vaccines per year. Yet still they fail. If you want an in depth look at how bad the flu argument is, read <https://www.arationallookatvaccines.com/flu-shot-yes-or-no>. When people genuinely die from the flu, they are almost exclusively elderly people who contract secondary pneumonia, and it's the pneumonia alongside their half-dozen other comorbidities that push them over the edge.

"Mercury was taken out of vaccines!"

Except it wasn't. <25 mcg of mercury in a vaccine is considered "mercury free", and multi-dose vials of the flu vaccine still have more than that.

"Thimerosal isn't 'bad' mercury! It was proven safe! Muh heckin' molecules!"

No it wasn't. Ever. Just like aluminum, serum mercury concentrations were tested, and when it wasn't found in blood serum it was deemed "safe" because the assumption was that the kidneys filtered it. This conveniently ignored the overwhelming evidence in the literature that it is deposited and collected in the brain. There is not a single double-blind placebo study that doesn't demonstrate thimerosal's toxicity.

"Andrew Wakefield!"

What does that have to do with anything that was said? You do realize that the article that got (wrongly) pulled didn't have anything to do with vaccines or autism, right?

"Autism! Deboonked!"

What does that have to do with anything that was said? If you insist, however, Google up "CDC vaccine whistleblower", then read about Dr. Paul Thomas's study

using his patient records to compare the health outcomes of vaccinated and unvaccinated kids. Is it any surprise that the CDC and HHS consider vax/unvax studies unethical and disallow them? (Dr. Thomas recently had his medical license suspended in Oregon for offering true informed consent in his pediatric practice. That he rocked the boat by releasing two studies comparing vaccinated and unvaccinated pediatric outcomes was not coincidental.)

"Soccer moms, Facebook memes, mommy forums! Trust your doctor, they're more educated than you! The anti-vax is peak stupidity. Every anti vacc supporter I know is a boomer, downright retarded, religious and is into star signs and crystals. You morons most likely have 0 medical education and get your info from facebook and whatsapp because you think they are reliable sources."

This is my favorite still talking point! I have two shelves of textbooks from med school on my bookcase. In all of those books, there are a grand total of 4 pages that refer to vaccines in any way, and two of those pages are nothing but the COC vaccination schedule from the time of printing. The other two pages discuss the CDC schedules and define artificially-induced active immunity. That's it. Vaccines were discussed for a total of two hours during med school, and that entire two hours was spent learning ways to overcome "vaccine hesitancy" and expound on the importance of following the CDC schedule. It is a rare doctor that spends any time researching vaccination because "the science is settled", so why should they? It is almost certain that the average soccer mom who has questioned vaccination in any way has read more scientific literature on the subject than the average doctor (whether or not she understands what she's read is another thing altogether, but there are a number of well-educated people who have taken the time to make this information more accessible to lay people). The ignorance of the medical establishment on this topic is astonishing and unforgivable. Expecting a doctor to honestly research and question any aspect of vaccination is asking them to question their source of income.

Still, in a survey of pediatricians by the AAP, only 78% said that they would follow the COC schedule for their own children. Funny, that.

PART 6: Why this should matter to you

Currently, there are pushes both by private and governmental groups to censor any information or research that calls vaccination into question. Vaccination skeptics are being silenced and scapegoated for the general decrease in public health by individuals such as Bill Gates and the WHO which actively promote negative

population growth, while governments from the federal to the local level are actively seeking increasingly draconian vaccination mandates.

In CA, a bill has been introduced to make it extremely difficult and onerous for physicians to grant medical exemptions to vaccination. In NY, unvaccinated minors have been barred from public activities on penalty of arrest and fines. For those that understand the problematic nature of vaccines, medical choice is rapidly being replaced by government mandate by politicians who are actively paid by the very pharmaceutical companies that manufacture vaccines ... companies that are granted immunity from litigation related to their products ... products that have never been subjected to a double-blind placebo study like any other drug would. Even if you still believe that vaccination is the right choice for you, you should fight like hell against this replacement of medical autonomy by government mandate.

Vaccines are not safe. Vaccines are not effective. Vaccines increase your risks from infection and cancer. Vaccines kill otherwise healthy children daily.

[The Introduction of Diphtheria-Tetanus-Pertussis and Oral Polio Vaccine Among Young Infants in an Urban African Community:](#)

"Among 3-5-month-old children, having received DTP (+/- OPV) was associated with a mortality hazard ratio (HR) of 5.900 (95% CI 1.53-16.3) compared with not-yet-DTP-vaccinated children. Differences in background factors did not explain the effect. The negative effect was particularly strong for children who had received DTP-only and no OPV (HR = 10.0 (?61-38.6)). All-cause infant mortality after 3 months of age increased after the introduction of these vaccines (HR = 2.1? (1.07-4.19))."

There are hundreds of new vaccines in the pipeline, and none are being subjected to double-blind placebo studies for safety. The CDC's stated policy is that any approved vaccine is to be added to the recommended schedule. Most states follow this schedule for vaccination mandates. While the current risks posed by vaccination are already clear, this problem will only get worse, and as of last month the CDC published a vaccination schedule for adults. Unless the thought of being forced to endure multiple injections of unsafe and harmful drugs on pain of being forced into house arrest makes you happy, every one of you needs to work to prevent the removal of vaccine exemptions.

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Pub: Apr 09 2021 18:42 UTC

Edit: Jun 30 2021 00:04 UTC

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